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Alexander Clark Business Forms  
Boise, Idaho • (208) 322-0611

Form 235-3, 6/2004

## Idaho Dept. of Water Resources

Write Tag Number Here

### Start Card/Permit - Single Family Domestic Well Only

DOO5542

(Cold Water less than 85 degrees F.)

1. Owner's Name (please print): STEVE and Caren Dunbar  
2. Owner's Mailing Address: P.O. Box 1359 Spirit  
City: Spirit Lake State: ID Zip Code: 83869 Telephone: (208) 659-3231  
3. Proposed Well Location: Twp. 54N, Rge. 04W, Sec. 17, NE 1/4 NE 1/4 1/4  
Gov't Lot No. \_\_\_\_\_ County Bonner Lat. \_\_\_\_\_ Long. \_\_\_\_\_  
Street Address of Well Site Clagstone to Reeds Rd City Spirit Lake  
Must give at least name of road + Distance to Road or Landmark

Lot \_\_\_\_\_ Block \_\_\_\_\_ and Subdivision \_\_\_\_\_

4. Are all adjacent septic tanks and drain fields accurately located? By Property Owner: Yes ☒ No ☐ By Health District: Yes ☐ No ☒

#### 5. Well Construction Information:

A. ☒ New well ☐ Replace ☐ Deepen ☐ Modify Previous well #: \_\_\_\_\_ B. Proposed Casing Dia. 6 C. Proposed Maximum Depth: 300

6. Construction Start Date: 7-28-08 7. Well Driller: Horsley Drilling Inc. Driller's Lic. No. 632

8. The Driller hereby accepts the terms and conditions of the Start Card/Permit.

Driller's Signature: C. Mark Horsley Date: 7-28-08

9. The Well Owner affirms to have read this Start Card/Permit, validates its accuracy and accepts the conditions.

Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### CONDITIONS FOR USE OF START CARD:

1. This permit authorizes the construction or modification of one domestic well for a single-family residence. No additional residences, businesses, or dwellings may be connected to this well without a valid water right. Limited to irrigation of 1/2 acre lawn/garden and 13,000 gpd.

2. This form must be complete, including the prepaid tag number and signature of the driller. The owner should sign the start card after reviewing these conditions. Mailing must take place no less than 72 hours prior to construction (Dept. address below), hand delivered or faxed to the Dept. prior to commencing construction. The start construction date shall be no more than 10 days after, the Department receives the permit. An incomplete form will not be considered a valid permit to drill.

3. This permit does not constitute an approval of the District Health Department or the Idaho Department of Health and Welfare. All wells must be drilled a minimum distance of 100' from a drain field. Domestic wells must be drilled a minimum of 50' from a septic tank.

4. Only Well Drillers licensed in Idaho may use a Start Card for construction of a well. The driller shall maintain a copy of the Start Card and the well I.D. tag at the drilling site during construction.

5. This drilling permit does not authorize trespass on the land of another party.

6. This drilling permit does not constitute other local, county, state or federal approvals, which may be required for construction of a well.

7. This drilling permit does not represent a right to divert and use the water of the State of Idaho.

8. If a bottom hole temperature of 85 F. or greater is encountered, well construction shall cease and the well driller shall contact the Department immediately.

9. Idaho Code, S 55-2201 - 55-2210 requires the applicant and/or his contractors to contact "Digline" (Digline is a one-call center for utility notification) not less than 2 working days prior to the start of any excavation for this project. The "Digline" Number for your area is 1-800-342-1585.

10. The stainless steel I. D. tag must be welded to the well casing upon completing the well and must remain permanently attached above ground level for the life of the well. Other tags may be added following a repair or modification of the well. The well driller is responsible for permanently attaching the I.D. tag to the casing upon completing the well. The well tag shall be attached by welding at least 3 sides or using Four (4) stainless steel, closed-end pop rivets.

11. A start card is not valid for drilling in Areas of Drilling Concern, Critical Groundwater Areas, Groundwater Management Areas or Areas Identified by the Department as Contaminated.

12. The possession of a well tag does not authorize construction of a well.

13. Any well being replaced by a new well, shall be properly abandoned by the well driller prior to removing the drilling equipment, unless otherwise authorized by the department.

Effective Feb. 1, 2005

Your Start Card/Application and Tag purchase may be submitted to one of the following offices:

**Western Region**  
Idaho Department of Water Resources  
2735 Airport Way Boise, ID 83705-5082  
Phone: (208) 334-2190 Fax: (208) 334-2348

**Northern Region**  
Idaho Department of Water Resources  
1910 Northwest Blvd., STE 210 Coeur d'Alene, ID 83814-2615  
Phone: (208) 769-1450 Fax (208) 769-1454

**Eastern Region**  
Idaho Department of Water Resources  
900 North Skyline Drive STE A Idaho Falls, ID 83402-1718  
Phone: (208) 525-7161 Fax: (208) 626 7177

**Southern Region**  
Idaho Department of Water Resources  
1341 Fillmore Street, STE 200 Twin Falls, ID 83301-3380  
Phone: (208) 736-3033 Fax (208) 736 3037

**IDAHO DEPARTMENT OF WATER RESOURCES**  
**WELL DRILLER'S REPORT**

1. WELL TAG NO. D 1005542  
 DRILLING PERMIT NO. 852525  
 Water Right or Injection Well No. \_\_\_\_\_

**2. OWNER:**

Name STEVE and CAREN Dunbar  
Address P.O. Box 1359  
City Spirit Lake State Id Zip 83869

**3. LOCATION OF WELL by legal description:**

You must provide address or Lot, Blk. Sub. or Directions to well.

Twp. 54 North ☒ or South ☐

Rge. 04 East ☐ or West ☒

Sec. 17 NE 1/4 NE 1/4 1/4

Gov't Lot \_\_\_\_\_ (in acres) County Bonnie (in acres) 100 acres

Lat: : : Long: : :

Address of Well Site Clagstone to Reed City Spirit

(Circle at label corner of road - Distance to Road or Landmark)

Li. Blk. Sub. Name

**4. USE:**

☒ Domestic    ☐ Municipal    ☐ Monitor    ☐ Irrigation  
☐ Thermal    ☐ Injection    ☐ Other

**5. TYPE OF WORK** check all that apply

☒ New Well    ☐ Modify    ☐ Abandonment    ☐ Other

#### 6. DRILL METHOD:

☒ Air Rotary    ☐ Cable    ☐ Mud Rotary    ☐ Other

## 7. SEALING PROCEDURES

| Seal Material | From | To | Weight / Volume | Seal Placement Method |
|---------------|------|----|-----------------|-----------------------|
| Bentonite     | 0    | 20 | 9-50# bags      | Overbored             |

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 300' Ring  
Was drive shoe seal tested? ☐ Y ☒ N How? \_\_\_\_\_

**8. CASING/LINER:**

| Diameter | From | To  | Gauge | Material | Casing                              | Liner                    | Welded                              | Threaded                 |
|----------|------|-----|-------|----------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|
| 6        | +2   | 300 | .250  | Steel    | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|          |      |     |       |          | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
|          |      |     |       |          | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |

Length of Headpipe N/A Length of Tailpipe N/A  
Packer ☐ Y ☒ N Type N/A

### 9. PERFORATIONS/SCREENS PACKER TYPE

Perforation Method ~~222~~ Air Perforator  
Screen Type & Method of Installation N/A

| From | To  | Slot Size | Number | Diamotor | Material | Casing                              | User                     |
|------|-----|-----------|--------|----------|----------|-------------------------------------|--------------------------|
| 280  | 300 | 1/4X1     | 100    | 6        | Steel    | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|      |     |           |        |          |          | <input type="checkbox"/>            | <input type="checkbox"/> |
|      |     |           |        |          |          | <input type="checkbox"/>            | <input type="checkbox"/> |

## 10. FILTER PACK

| Filter Material | From | To | Weight / Volume | Placement Method |
|-----------------|------|----|-----------------|------------------|
|                 |      |    | N/A             |                  |

## 11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

235 ft. below ground Artesian pressure \_\_\_\_\_ lb.  
Depth flow encountered \_\_\_\_\_ ft. Describe access port or control devices: \_\_\_\_\_

54N 04W 17

FORWARD WHITE COPY TO WATER RESOURCES

## Office Use Only

Well ID No. \_\_\_\_\_  
 Inspected by \_\_\_\_\_  
 Twp \_\_\_\_\_ Rge \_\_\_\_\_ Sec \_\_\_\_\_  
 \_\_\_\_\_ 1/4 \_\_\_\_\_ 1/4 \_\_\_\_\_ 1/4  
 Lat: : : Long: : :

## 12. WELL TESTS:

☐ Pump    ☒ Baller    ☐ Air    ☒ Flowing Artesian

| Yield gal./min. | Drawdown | Pumping Level | Time    |
|-----------------|----------|---------------|---------|
| 60              |          |               | 4 HOURS |
|                 |          |               |         |
|                 |          |               |         |

Water Temp. \_\_\_\_\_ Bottom hole temp. \_\_\_\_\_

Water Quality test or comments: \_\_\_\_\_

Depth first Water Encounter 235

**13. LITHOLOGIC LOG:** (Describe repairs or abandonment)

[illegible]

Completed Depth 300' (Measurable)

Date: Started 7-28-08 Completed 7-30-08

#### 14. DRILLER'S CERTIFICATION

I/We certify that all minimum well construction standards were complied with at the time the rig was removed.

Company Name Horsley Drilling inc. Firm No. 632

Principal Driller C. Mark Howley Date 8-1-08

and  
Driller or Operator II \_\_\_\_\_ Date \_\_\_\_\_

Operator I \_\_\_\_\_ Date \_\_\_\_\_

Principal Driller and Rig Operator Required.  
Operator must have signature of Driller/Operator II.